

Mary Louisa Adams

Town

Davis Hill

County

Kent

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1903

12 6

4

Widow

Maryland

None

Married

Divorced

Female

Colored

Age

Married

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

John G. Adams

Mother's

Maiden Name

Margaret Riley

Cause of

Primary

Catarrh of throat

How long sick

4 mos.

Death

Immediate

Accident, Suicide, Homicide

Reported by

John F. Spencer

Address

Galena,



Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Roland Bennett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Broad Neck		Kent				
Date of death 1903	Month Dec	Day 18	Years 24	Age	Months	Days	
Sex Male	Color or Race White	Occupation Fisherman	Birth-place Maryland				
Married, Single <input checked="" type="checkbox"/> Widowed	Single						
Name of Wife or Husband							
Father's Name	William Roland Bennett		Father's Birthplace	Maryland			
Mother's Maiden Name	Maggie a Lambert		Mother's Birthplace	Maryland			
Name of person giving information	Thos. J. Fletcher		How related to deceased	not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

4 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

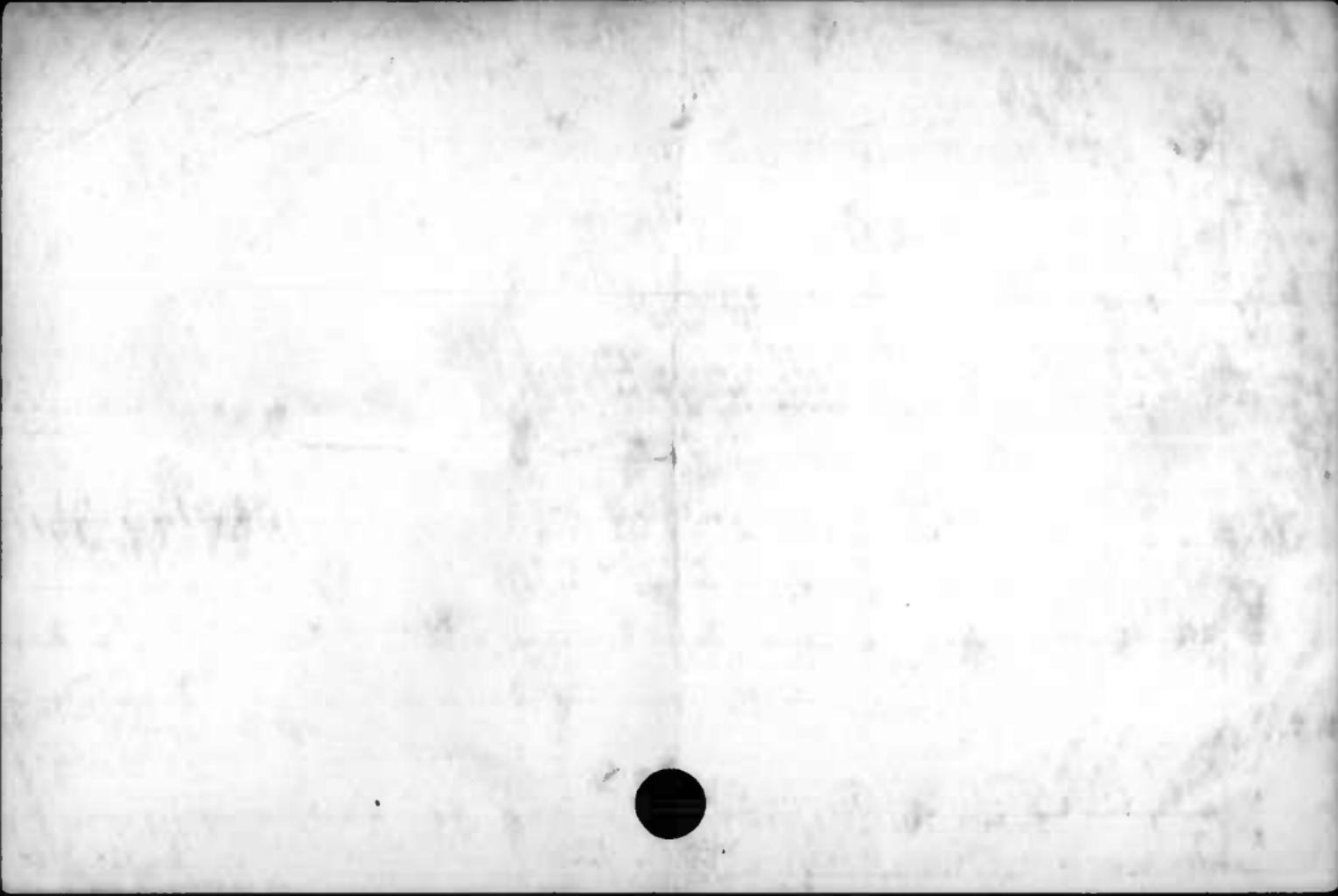
Signature of Physician

L B Wilson

Address

Edesville Kent

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Susan Bordley

Tovn

Millington

County

Kent Co.

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1903

12

21

Age

80

Sex

Female

Color or
Race

Colored

Birth-
place

Kent, Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Apoplexy

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

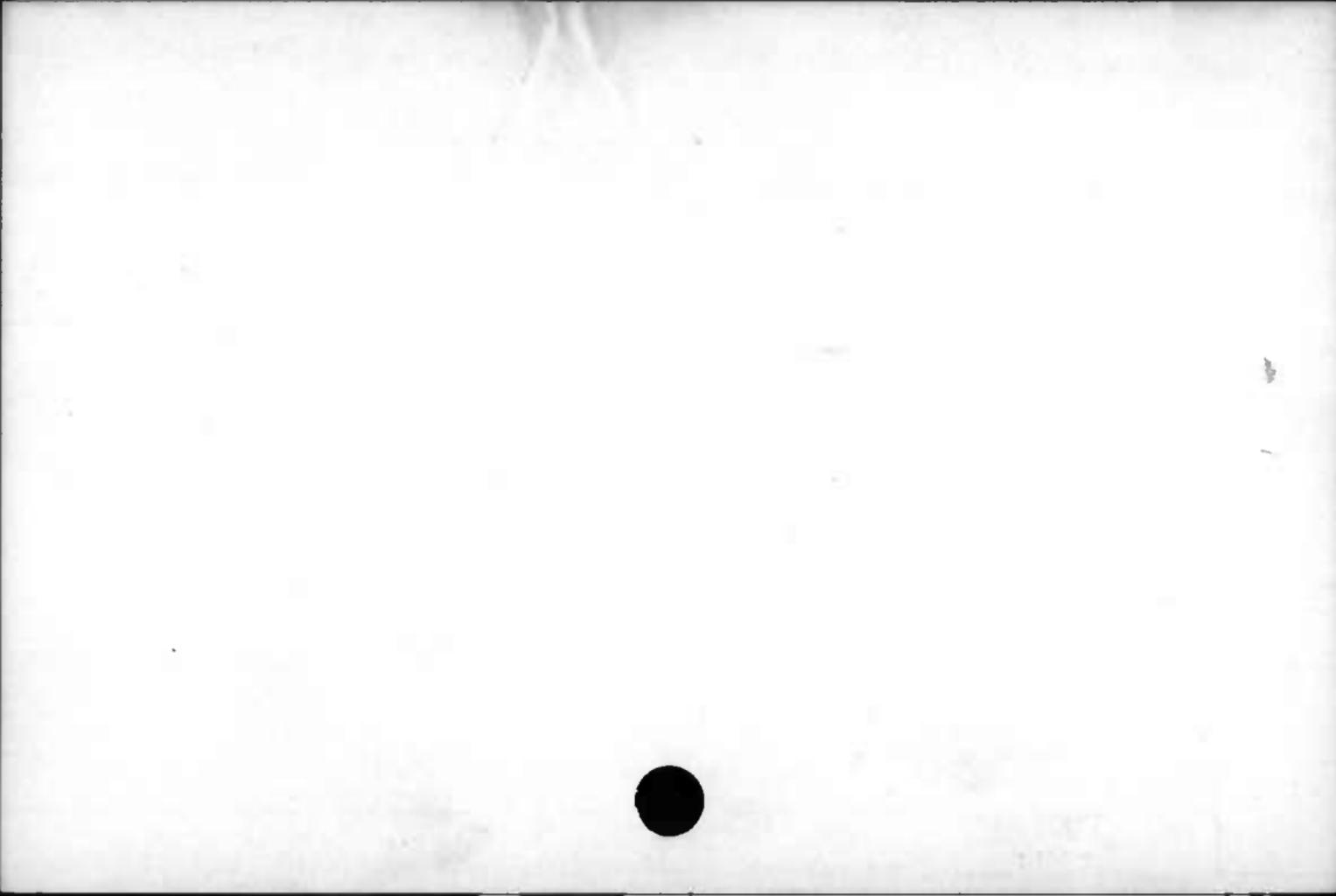
Dr. N. Coneggs
Millington

Address

MD.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name of Child

Certificate of Birth

Dorothy

Town

County

Born at

Washington Court 20750 MARYLAND

Month

Day

White

Male

Living

Number of Child, 1st 2nd 3rd

Date 1903

12 21

Colored

Female

Still Born

4th 5th 6th 7th 8th 9th

Father's

Age

Name in Full

Occupation

Housewife

Birthplace

Court Co

Mother's

Age

Maiden Name

Apolsey

80

Occupation

Birthplace

Reported by

W. Ormeagle

Physician, Midwife, Parent

Address

Washington Md

If child is not named, send name as early as possible.



Name
in
Full

Emory Bradley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month 12	Day 14	Years 71	Months Days
Sex Male	Color or Race Colored	Birth- place KENT Co. Md		
Occupation Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

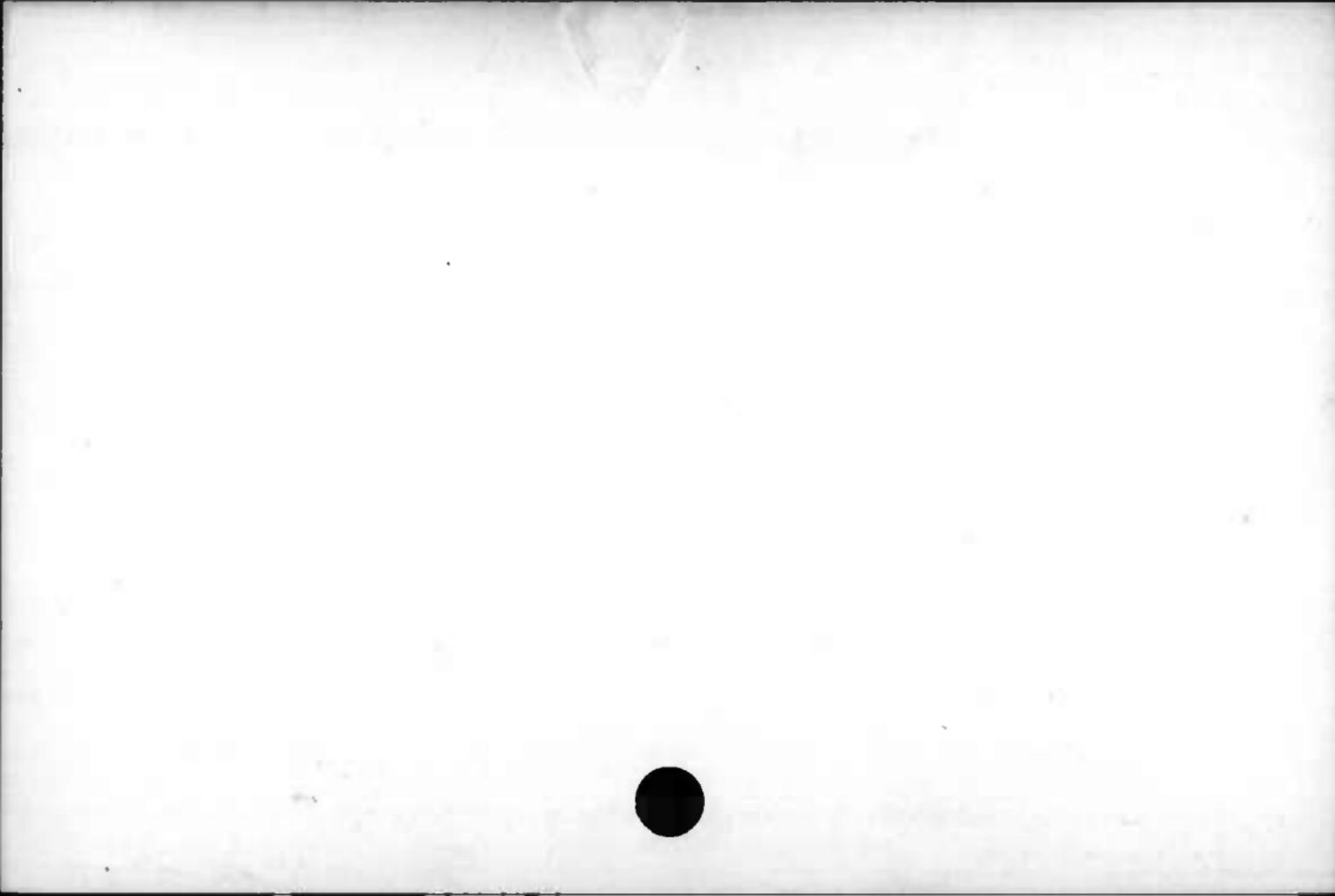
Signature of
Physician

Address

Dr. N. Comegys
Millington

Md.

Accident or Suicide?



Name of Child

Certificate of Birth

Emory Boardley

butter

Town County

Born at

Michigan - Kent Co

MARYLAND

Date 190

Month

Day

White

Male

Living

Number of Child: 1st 2nd 3rd

3 12 14

Colored

Female

Stillborn

4th 5th 6th 7th 8th 9th

Father's

Age

Name in Full

Emory Boardley

Occupation

farmer

Birthplace

Mo Kent Co

Mother's

Age

Maiden Name

Toberculosis

71

Occupation

Birthplace

Reported by

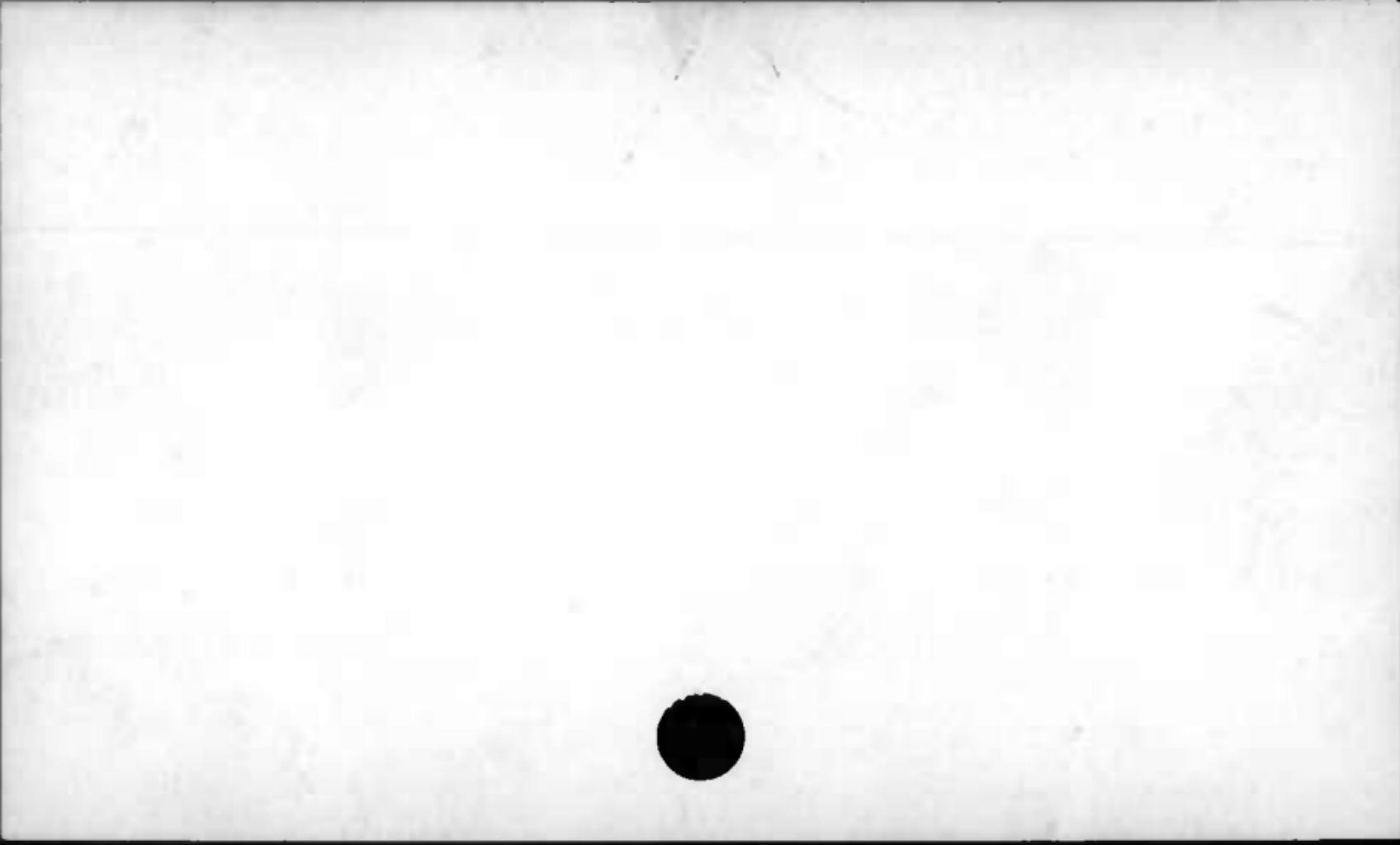
Dr H. Odum

Physician, Midwife, Parent

Address

Millington Md

If child is not named, send name as early as possible.



Name
in
Full

Mary Louisa Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Big Woods</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1903 Dec</u>	Month	Day <u>25</u>	Years <u>56</u>	Age <u>56</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Kent Co Md</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name or Wife or Husband <u>John Thomas Bright</u>	Father's Birthplace <u>Kent Co Md</u>				
Father's Name <u>Isaac Cauk</u>	Mother's Birthplace					
Mother's Maiden Name	How related to deceased					
Name of person giving information <u>George Bright</u>	62					

CAUSES OF DEATH

Primary

Locomotor Ataxia

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. Evans & Barnick
Kennedyville
S. Md

Accident or Suicide?



Name
in
Full

Rebecca Brinkley

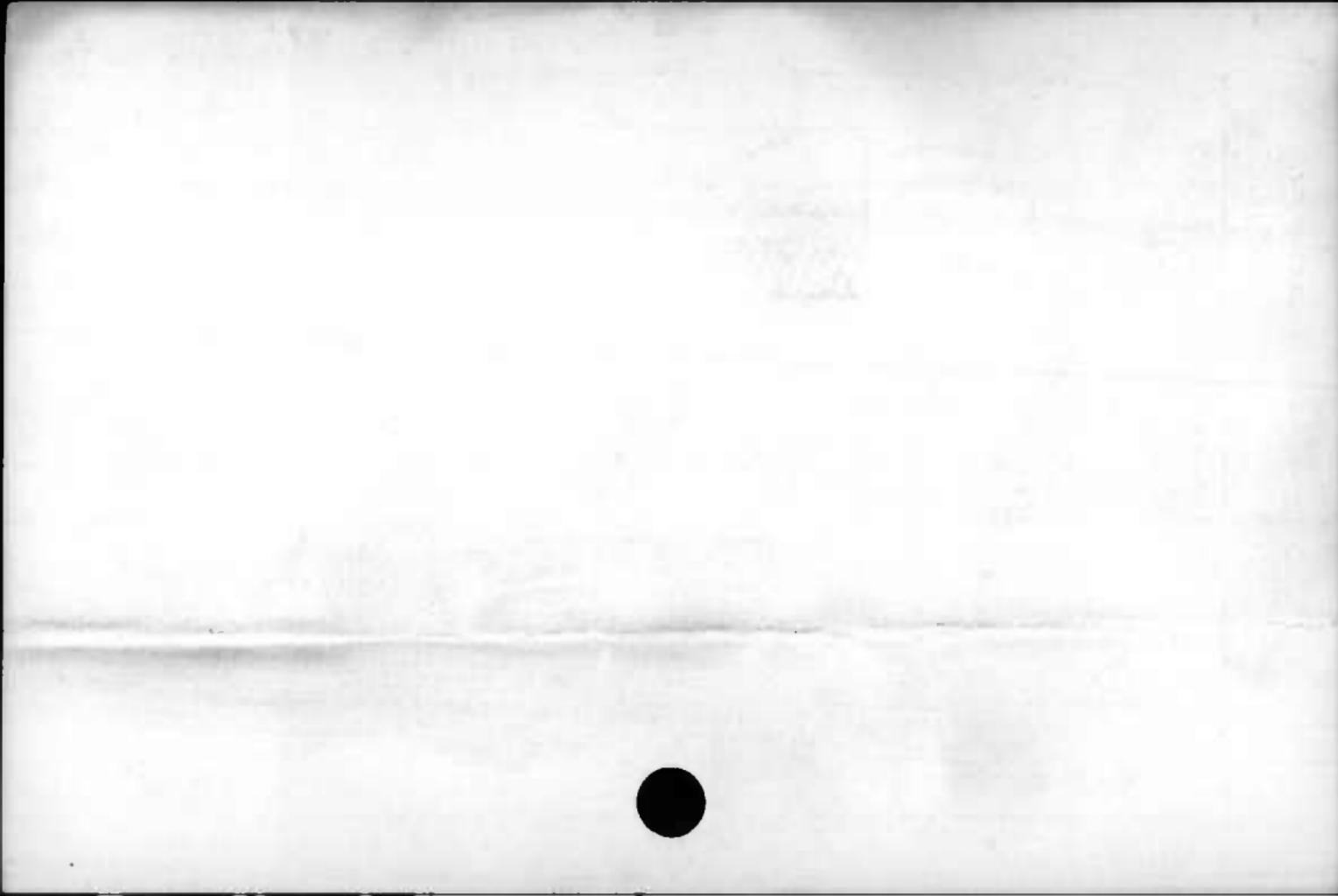
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Salina		Town Kent		County		MARYLAND	
Date of death 1908	Month dec	Day 15	Age 42	Years 42	Months	Days	
Sex Female	Color or Race Negro			Birth- place Green trees Co.			
Married, <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Occupation					
Name of Wife or Husband William Brinkley							
Father's Name John Berry		Father's Birthplace					
Mother's Maiden Name Nancy Berry		Mother's Birthplace					
Name of person giving Information William Brinkley		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Renal Orosis	How long 4 years
	Immediate Hemnic Conv.	How long 4 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Edward A. Scott,
		Address Salina, Ind.
Accidental or Suicide?		



Name
in
Full

Robert Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month Dec	Day 30 th	Age 84	Years	Months	Days
Sex Male	Color or Race Black	Birth-place Kent Co. Md.				
Married, Single or Widowed Widower	Occupation Farm laborer					
Name of Wife or Husband						
Father's Name James Butler	154		Father's Birthplace Butter Town			
Mother's Maiden Name —			Mother's Birthplace			
Name of person giving Information James Blackstone			How related to deceased Son in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

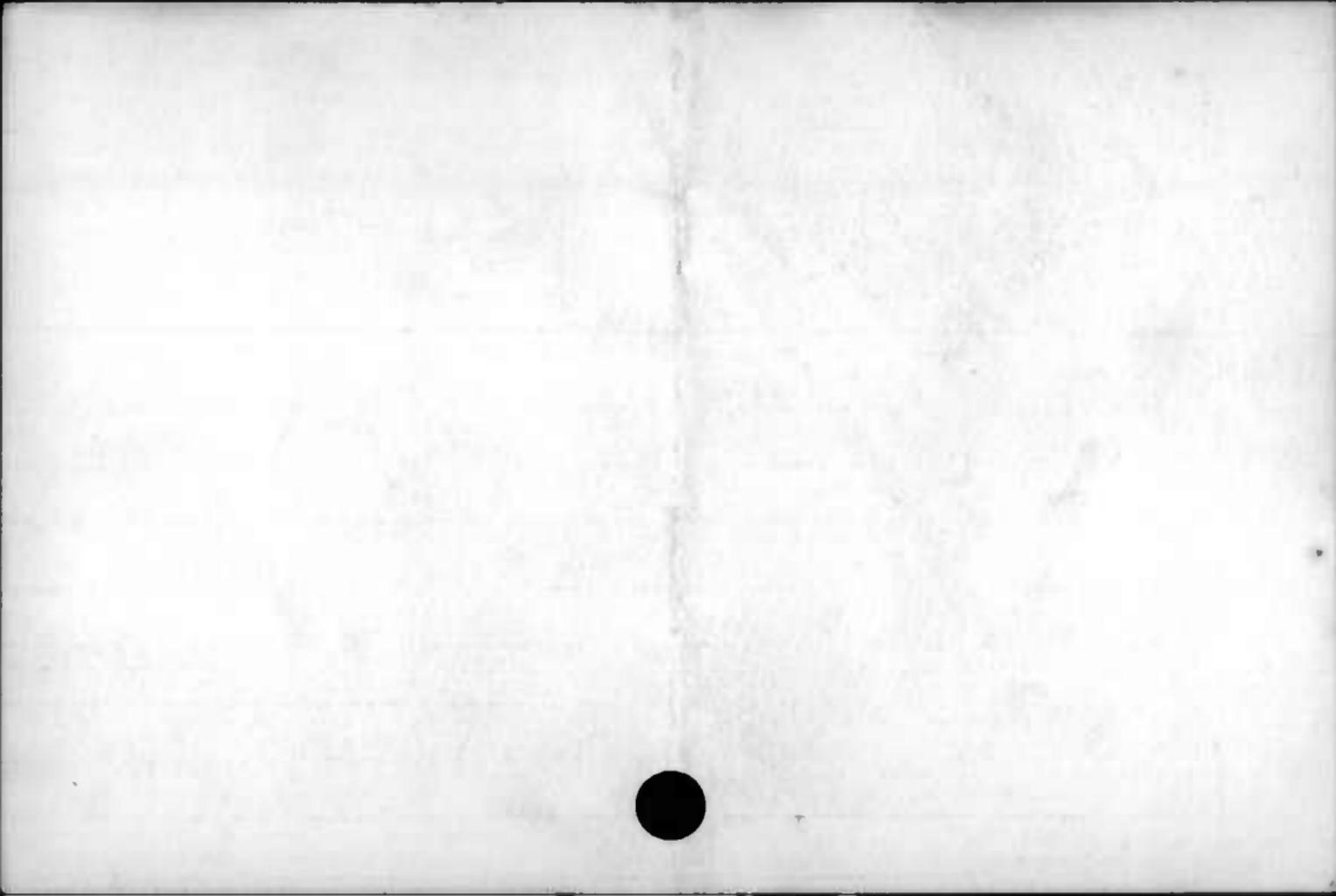
Immediate Old Age

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

Accident or Suicide?



Name
in
Full

Infant Delayton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>North Ori</u>		Town	County <u>Kent</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>one</u>	Years	Months <u>8</u>	Days <u>31</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>None</u>		Birth-place <u>Kent Co Md</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Eugene Delayton</u>		<u>106</u>		Father's Birthplace <u>Kent Co Md</u>		
Mother's Maiden Name <u>Alice Gaines</u>				Mother's Birthplace <u>Kent Co Md</u>		
Name of person giving Information <u>Mrs Alice Clayton</u>				How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Catarrh</u>	How long <u>6 days</u>
Immediate <u>Diarrhoea</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John H. Hessey</u>
	Address <u>Hanover Md</u>
Accident or Suicide?	

J. W. Church

Name
in
Full

Bernard H. Coetran.

CERTIFICATE OF DEATH

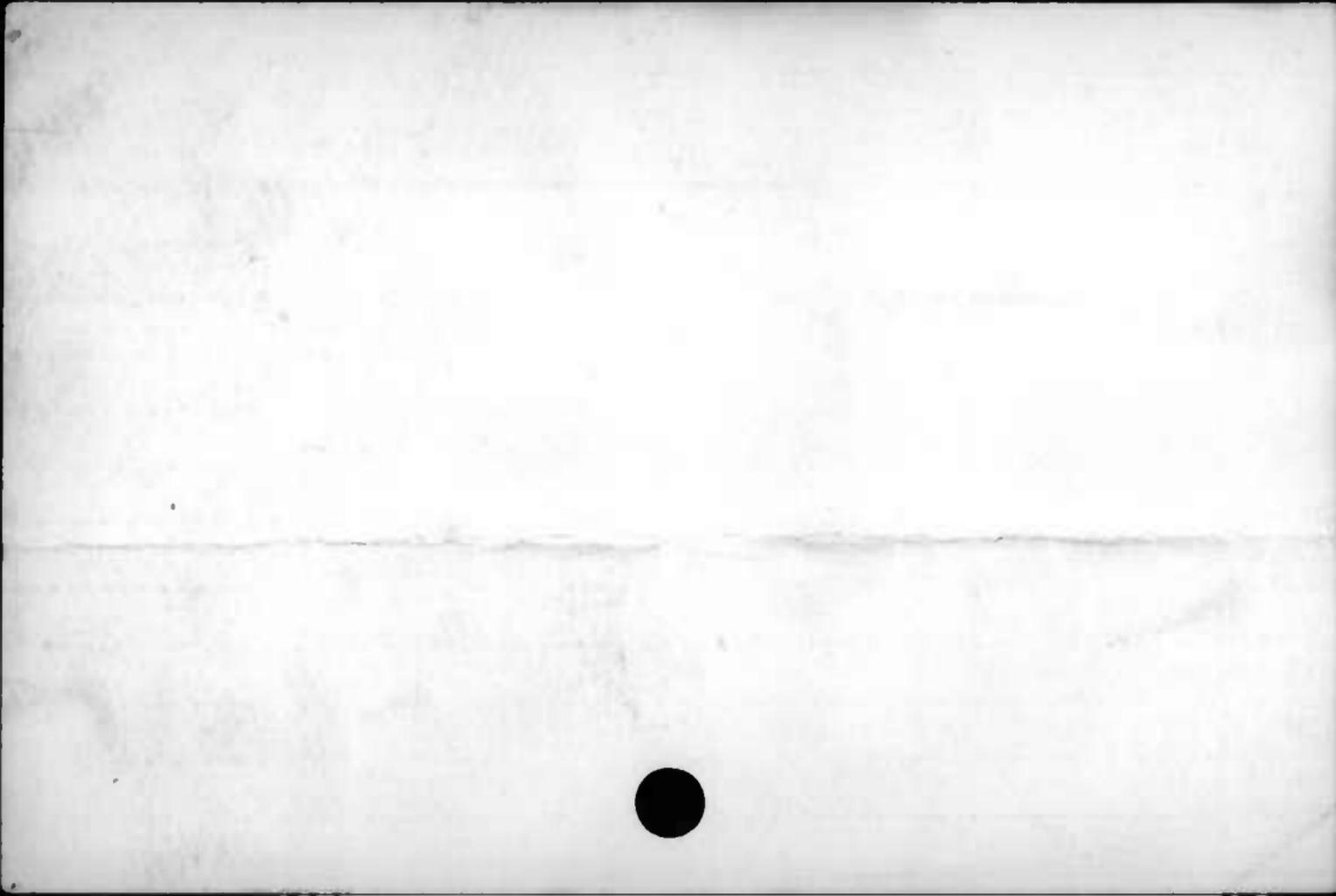
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Sassafras		Kent				
Date of death	1903	Month Dec	Day 5	Years 3	Months 4	Days 2	
Sex	Male		Color or Race	White		Birth-place	Sassafras
Married, Single or Widowed				Occupation		61	
Name of Wife or Husband							
Father's Name	A Wilson Coetran.			Father's Birthplace		Middleton, Md.	
Mother's Maiden Name	Cecelia Mc Cauley			Mother's Birthplace		Galena, Md.	
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebro Spinal Meningitis		How long	21 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Peter, M.D.	
		Address	Sassafras, Md.	
Accident or Suicide?				



Name
in
Full

Sarah Legg Haley

CERTIFICATE OF DEATH

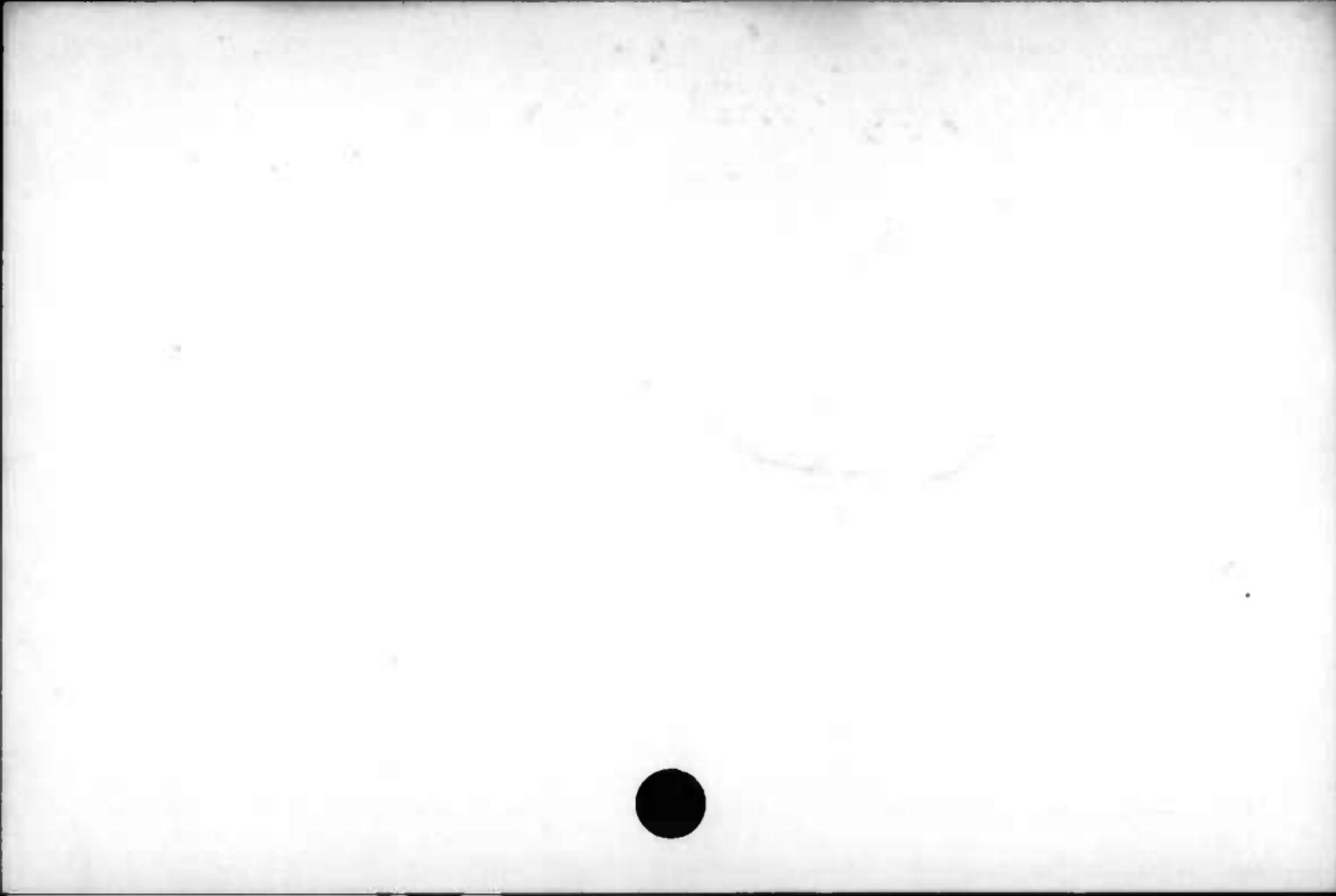
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Dec	Day 14	Years 32	Months 8	Days	
Sex Female	Color or Race		White		Birth-place Talbot Co	
Married, Single or Widowed	Married		Occupation		Housewife	
Name of Wife or Husband	Michael Patrick Haley					
Father's Name	Thos Legg		Q.B.		Father's Birthplace	
Mother's Maiden Name	Fanny Brooker		Q.B.		Mother's Birthplace Queen Anne	
Name of person giving information	Michael P Haley		Q.B.		How related to deceased Husband	

CAUSES OF DEATH

Primary	Pneumonia (doubt)		How long	4 days
Immediate	Apnoea		How long	several hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. G. Simpson	
		Address	Chesterstown Kent Co	
Accident or Suicide?	No			

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Webb Harper				CERTIFICATE OF DEATH		
Died at		Town Still Pond	County Kent		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	Dec	19	57	—	—	
Sex	Male	Color or Race White	Birth-place Md			
Occupation Merchant	Where Residing if not at place of death —					
Married, Single or Widowed Married	Name of Wife or Husband Levena Baynard					
Father's Name Franklin H. Harper	Father's Birthplace Del					
Mother's Maiden Name Margret Webb	Mother's Birthplace Md					
Name of person giving information F H Harper 93	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia,	How long 9 days
Immediate Heart failure	How long 3 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	W. R. Mexick Still Pond Md.



Name
in
Full

Amanda Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond		Town	County Kent		MARYLAND	
Date of death 1903	Month Dec	Day 31	Age 70	Years	Months	Days
Sex female	Color or Race Black	Where Residing if not at place of death		Birth-place Md		
Occupation House Keeper	Name of Wife or Husband Henry Houston		Father's Birthplace			
Married, Single or Widowed Married	Name of Father Alex Thomas		Mother's Birthplace			
Father's Name	Name of Mother C		How related to deceased friend			
Mother's Maiden Name						
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	How long
Immediate " "	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H.R. Mexick
Same patient once	Address Still Pond Md
Accident or Suicide?	



Name
in
Full

Florence Johnson

CERTIFICATE OF DEATH

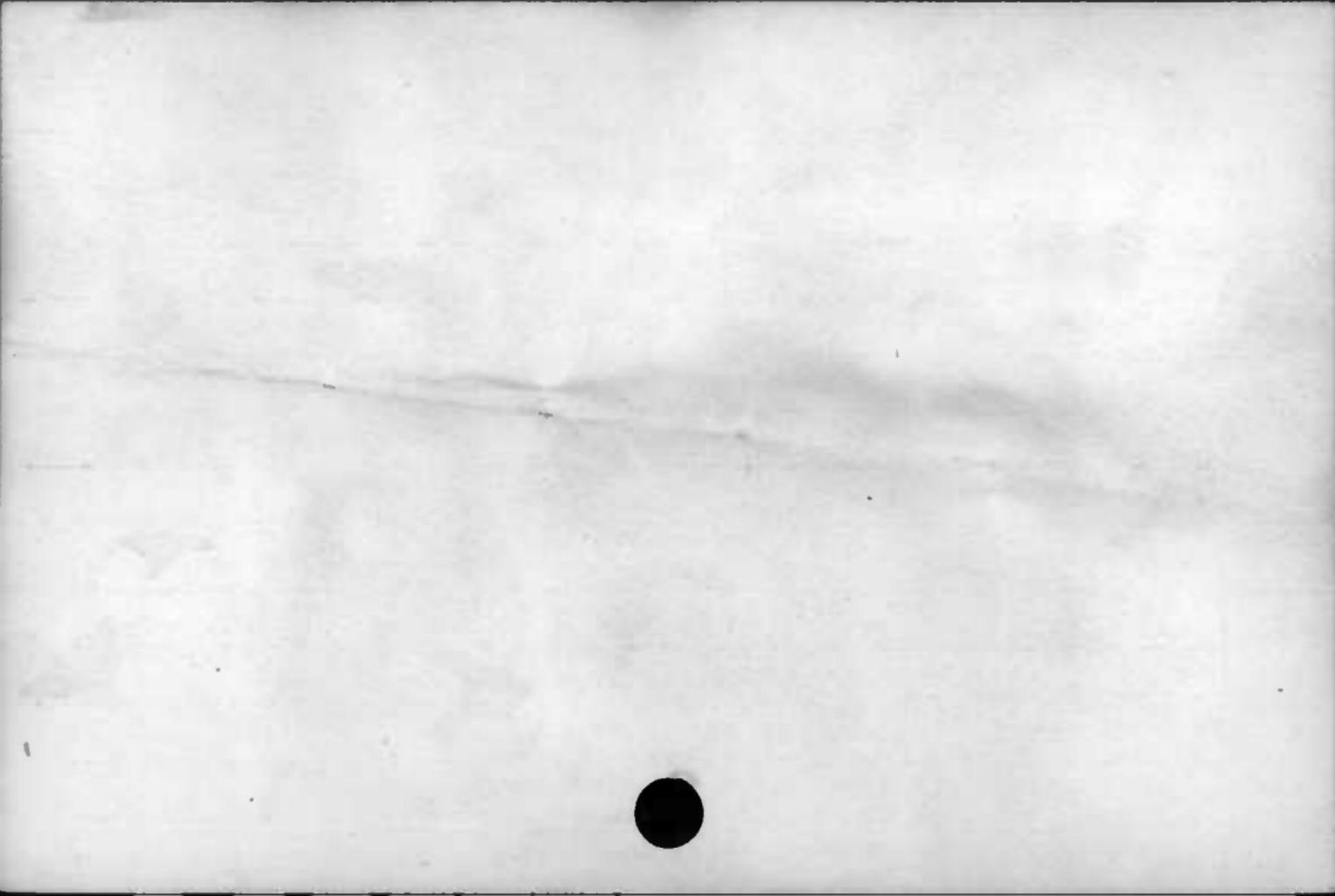
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month Dec.	Day 18	Age 3	Years	Months 11	Days 22
Sex	Female	Color or Race	Occupation		Birth-place	Maryland	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name		Joseph Stewart		Father's Birthplace		Virginia	
Mother's Maiden Name		Angie Johnson		Mother's Birthplace		Maryland	
Name of person giving information		Sarah Wright		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suffit fever.		How long	3 weeks.
Immediate	Convulsion. Exhaustion.		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Franklin Smith M.D.	
		Address	Fairlee	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death	1903	Month Dec	Day 17	Years 23	Months	Days	
Sex	Female	Color or Race	Colored		Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	William Jones		Father's Birthplace	Maryland	
Father's Name	John Johnson		1/6		Mother's Birthplace		
Mother's Maiden Name					How related to deceased	Husband	
Name of person giving information	William Jones						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Peritonitis

How long

Three Weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Paul Long
Rock Hall
Md.

Accident or Suicide?



Name
in
Full

William A. Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kennedyville</u>			County <u>Kent Co</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>9</u>	Years <u>73</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>an</u>					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary E Bill</u>	Father's Birthplace <u>Pa</u>				
Father's Name <u>William Kennedy</u>	Mother's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Sarah Warnock</u>	How related to deceased <u>Sister</u>					
Name of person giving information <u>—</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ability, old age How long 2 months

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ed Barnick
Kennedyville Md.

Address

Accident or Suicide? —

Still Pond

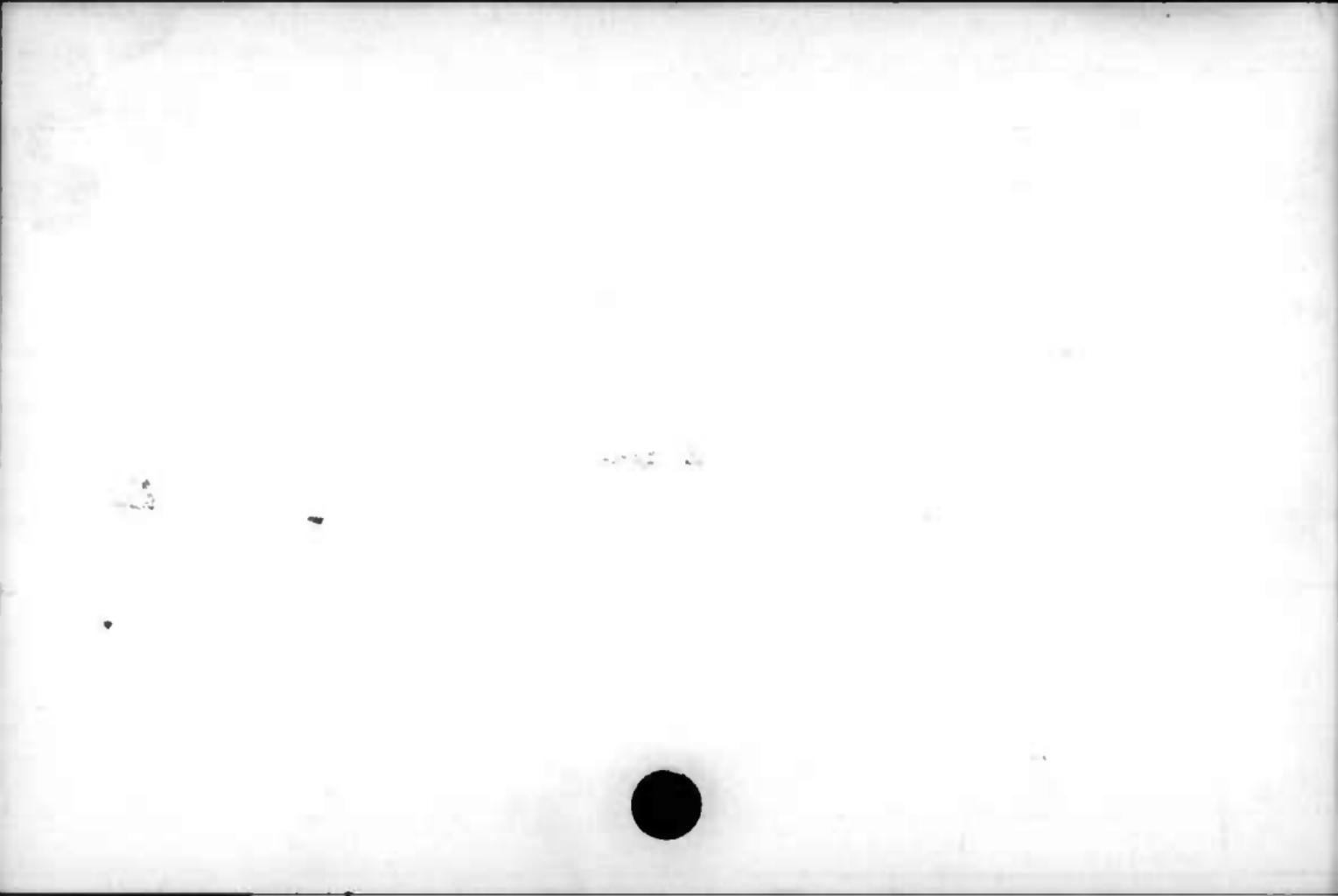
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Jason, B. Lee</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND Del.	
Date of death	1903	Month 12	Day 12	Age 6-6	Months	Days
Sex	Female	Color or Race	White		Birth-place	Ohio
Occupation	Farmer		Where Residing if not at place of death		<i>Lorraine, P. Lee</i>	
Married, Single or Widowed	Married	Name of Wife or Husband	64		Father's Birthplace	
Father's Name					Mother's Birthplace	
Mother's Maiden Name					How related to deceased	Son
Name of person giving information	<i>Hammer Lee</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Acute Gastritis</i>	How long	<i>1 m.</i>
	Immediate	<i>Gastritis</i>	How long	<i>1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Jas. E. Grelley</i>	
		Address	<i>Templerville</i>	
Accident or Suicide?			<i>Not</i>	



Name
in
Full

Jannie Mashin

CERTIFICATE OF DEATH

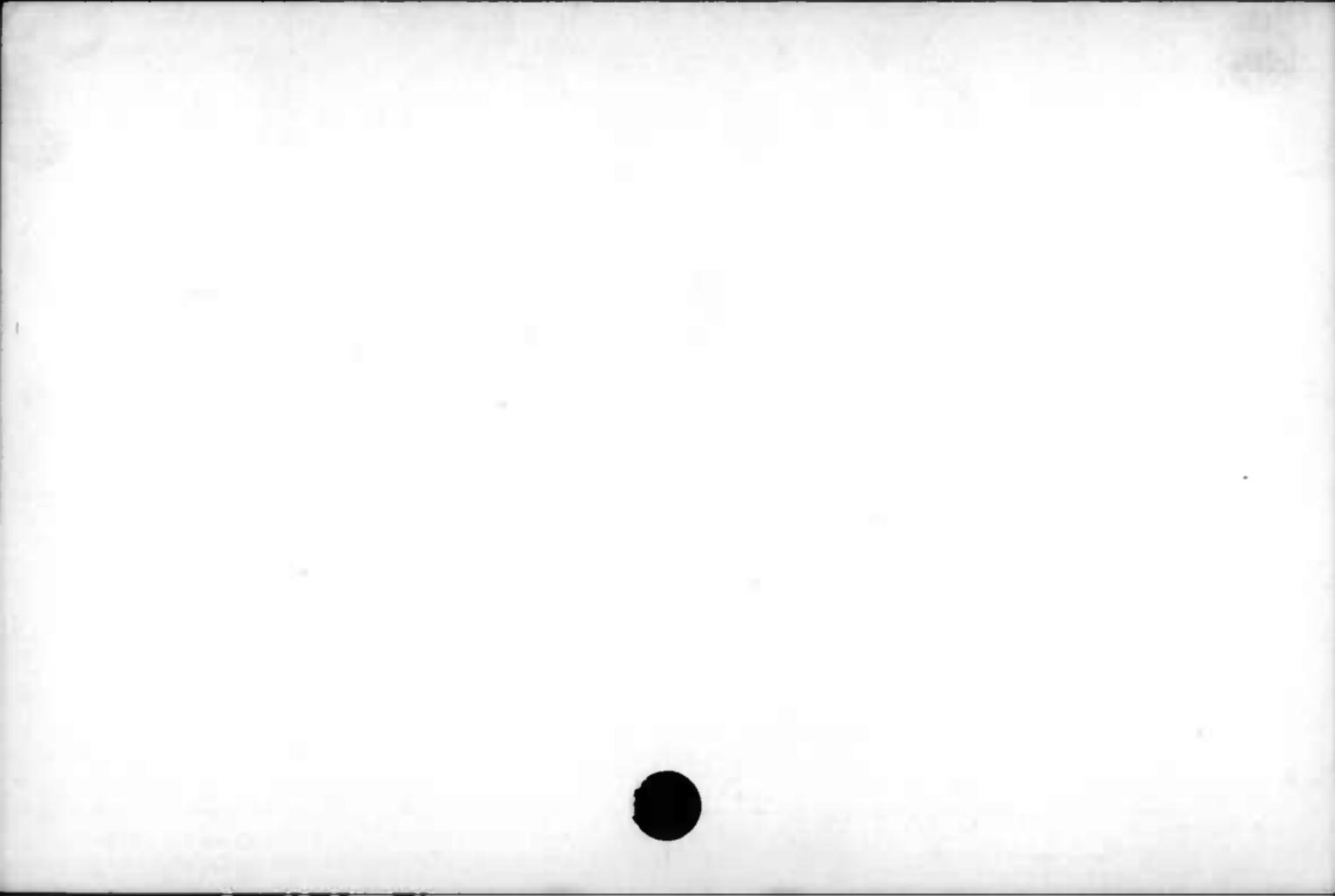
To BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pomona</i>		Town	County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>26</i>	Years <i>20</i>	Age	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Kent Co Md</i>				
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>					
Name of Wife or Husband						
Father's Name <i>J. B. B. Mashin</i>		Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Harriet Ball</i>		Mother's Birthplace <i>Die</i>				
Name of person giving Information <i>Frank Heines MD</i>		How related to deceased <i>Relative</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 3 months</i>
Immediate <i>Exhaustion</i>	How long <i>about 8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Heines MD</i>
	Address <i>Chestertown MD</i>
Accident or Suicide?	



Name
in
Full

Ellie Moon

CERTIFICATE OF DEATH

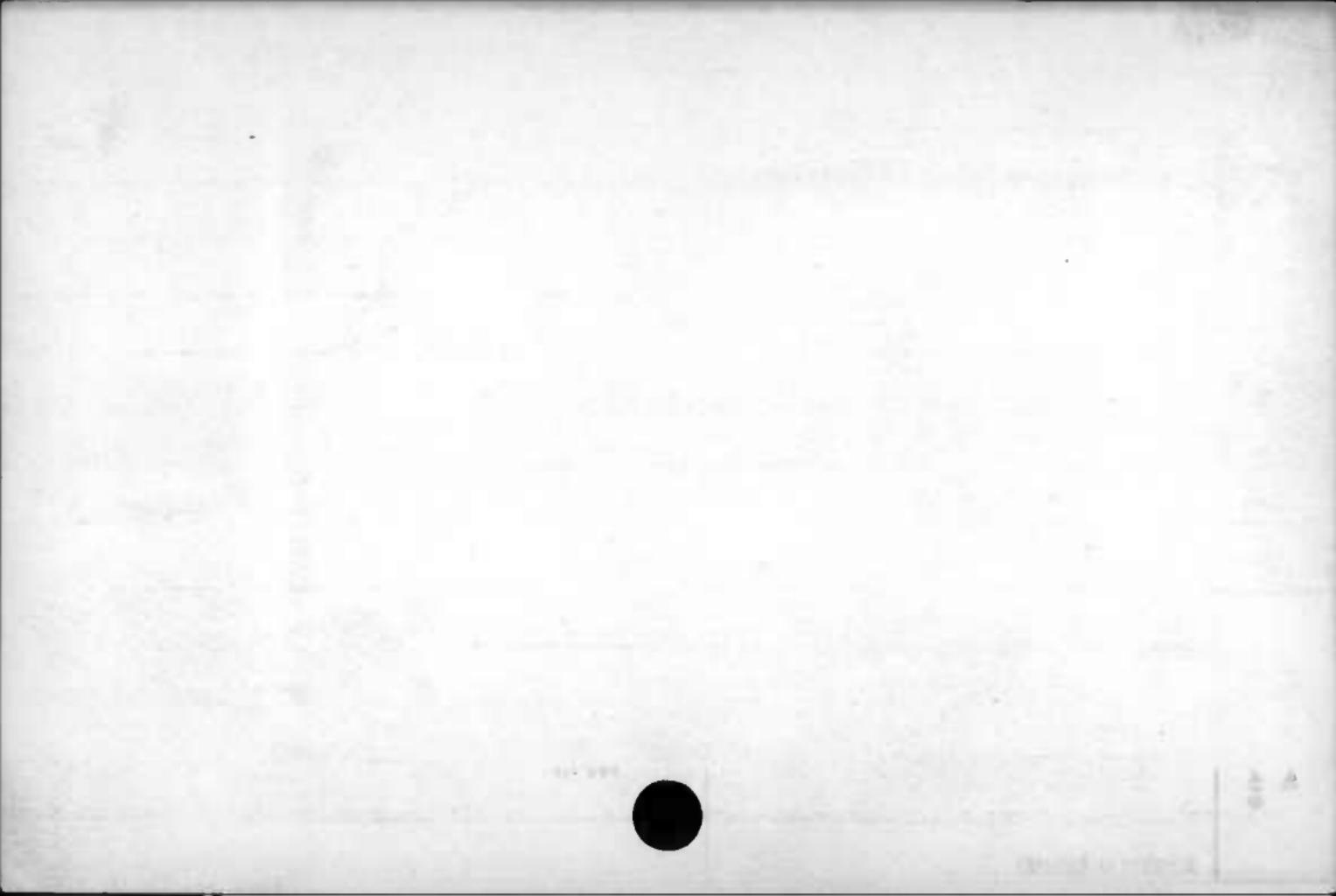
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Georgetown</u>		Town <u>Kent.</u>		County		
Date of death 190	Month <u>Dec.</u>	Day <u>25</u>	Age <u>9.</u>	Years <u>9.</u>	Months <u>11</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Occupation			Birth-place <u>Md.</u>	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>George W. Moon</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name	<u>Edith Ward</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information	<u>Clinton Ward</u>			How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

Primary	<u>Nephritis</u>	<u>Sec. Endocarditis</u>	1 mo.!
Immediate	<u>Mitral insufficiency</u>	2 years	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Frank W. Smith</u>
		Address	<u>Fairlee.</u>
Accident or Suicide?			



Name
in
Full

Still Born. (Robinson)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	white	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name or Wife or Husband	S.	
Father's Name	Harry E. Robinson		
Mother's Maiden Name	Katie E. Smith		
Name of person giving information	Harry E. Robinson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. Irvin Barwick
Baltimore
Md.

Accident or Suicide?

State Bond

<i>Jane Ruley</i>					CERTIFICATE OF DEATH	
Died at		Town <i>Davis Hill</i>	County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>13</i>	Years <i>55</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>	Occupation <i>Housewife</i>		Birth- place <i>Galeton, Md.</i>		
<i>[Redacted] Single Widowed</i>						
Name of Wife or Husband						
Father's Name	<i>Fred Ruley</i>			Father's Birthplace		
Mother's Maiden Name	<i>Julia Scott</i>			Mother's Birthplace		
Name of person giving Information	<i>Fred Ruley</i>			How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	How long
---------	----------

Immediate	How long
-----------	----------

Are the name, age, sex, color, date
and place correctly given above?

as near

Signature of
Physician

Edward A. Scott

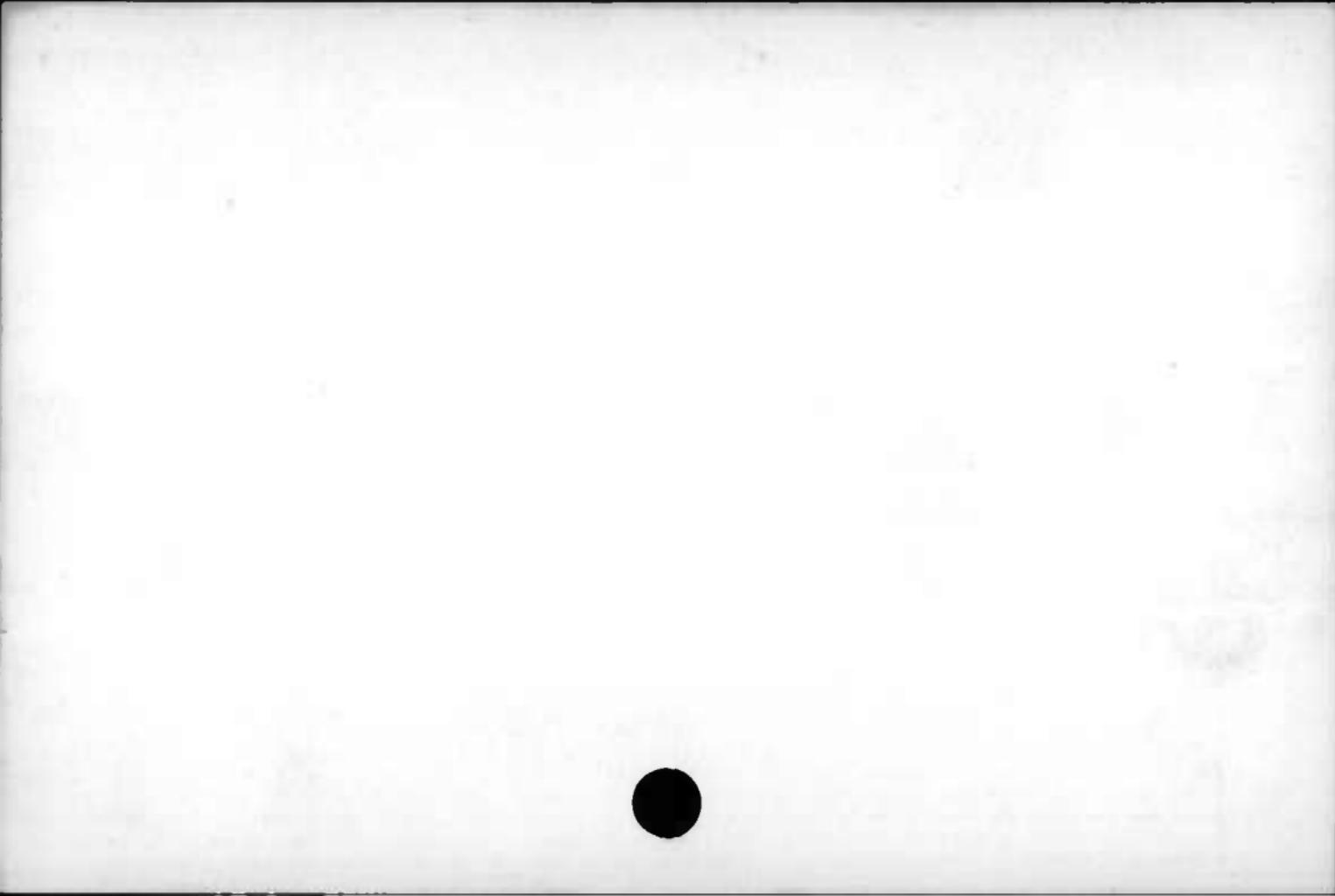
Address

Galeton, Md.

as can obtain

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Henrietta Sanders

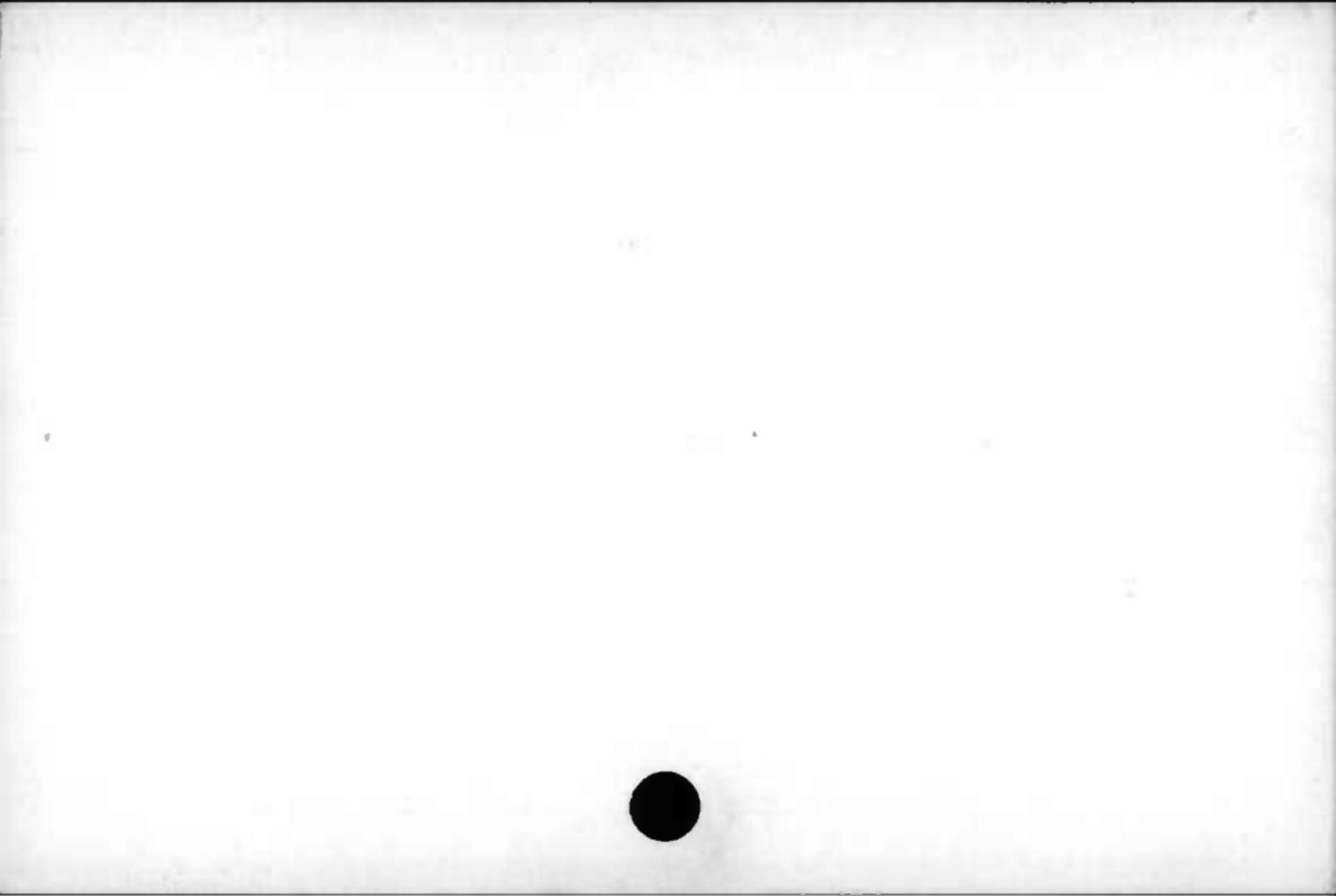
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month Dec	Day 21	Years	Age 81	Months	Days
Sex Female	Color or Race Black	Occupation		Birth-place Kent Co		
Married, Single or Widowed Widow	Name of Husband Garrison Sanders					
Father's Name Abraham Brown	Mother's Maiden Name		Father's Birthplace don't know			
Name of person giving information George Thompson		Mother's Birthplace		How related to deceased son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate Asthma	How long 1 week	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	Address
attest W. Melvin	Geo. Thompson Mark Somma Md	
Accident or Suicide?		



Name
in
Full

Mary Lildens Willson

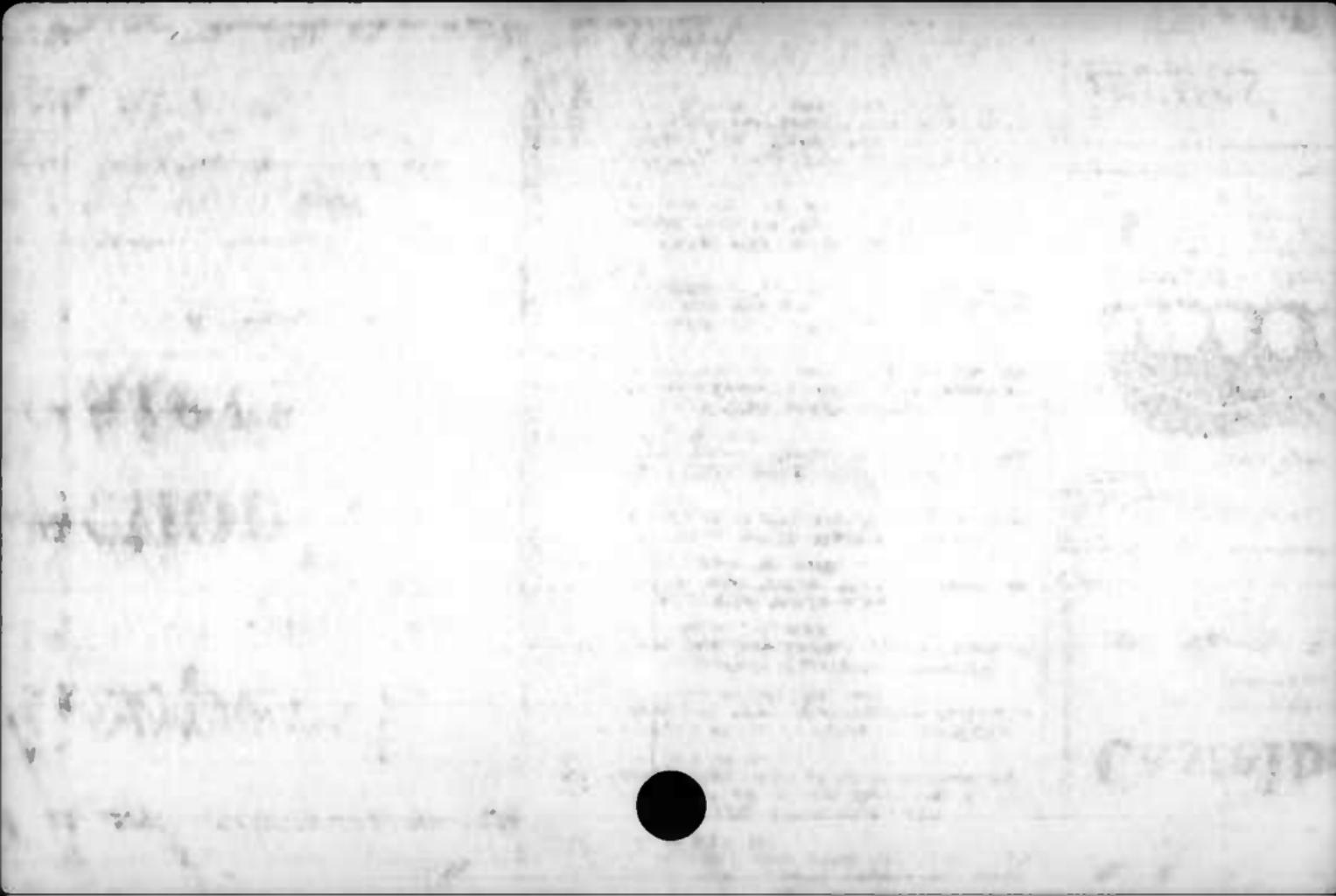
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Rock Hall</u>		Town <u>Trent</u> County <u>Trent</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Dec.</u>	Day <u>11</u>	Age <u>69</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Maryland</u>				
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housekeeper</u>					
Name of Wife or Husband <u>Mary Lildens Willson</u>						
Father's Name <u>James Lildens Browne</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Ann T. Lildens</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Carroll Willson - son</u>	How related to deceased					

CAUSES OF DEATH

Primary <u>Paralysis</u>	How long
Immediate <u>Exhaustion</u>	How long <u>six months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. B. Willson</u>
	Address <u>Rock Hall, Kent Co.</u>
Accident or Suicide?	<u>Maryland</u>



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles A. Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Bettontown	Kent				
Date of death	1903	Month	Day	Years	Months	Days
	Dec		16	Age 35		
Sex	Male	Color or Race	White	Birth-place	md	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Finneran			
Father's Name	James B. Wilson				Father's Birthplace	md
Mother's Maiden Name	Rosieka Taylor				Mother's Birthplace	md
Name of person giving information	Mr. Wilson				How related to deceased	father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

